

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION			
O.I.P.E. CLASSIFIER	bm	49 7/5/01	06-27-01
FORMALITY REVIEW	zm	927	08/16/01
RESPONSE FORMALITY REVIEW			

# INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 " ..... Allowed      I ..... Interference  
 - (Through numeral)..... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

AP

APPLICANTS

TITLE

Claim	Date
Final	
Original	
1	8/12/02
2	8/22/02
3	✓
4	✓
5	✓
6	✓
7	✓
8	✓
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Claim	Date
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Claim	Date
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions  
 staple additional sheet here

"SEE INSIDE"

5-76583  
 11/6/01